

# Pretrial Services Diversion Referral Form



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## Referrals Accepted Through Email, Phone, Fax, or In-Person

**Name:**

**Date of Birth:**

**Contact Information:**

**Case Number(s)/Charges:**

**Defense Attorney:**

**Prosecutor:**

1. Does the Deputy Prosecuting Attorney agree to this referral?

☐ Yes

☐ No

2. History of Substance Use Evaluation or Treatment?

☐ Yes

☐ No

3. History of Mental Health Evaluation or Treatment?

☐ Yes

☐ No

4. In Treatment Now?

☐ Yes

☐ Mental Health Treatment

☐ Substance Use Treatment

☐ Other:

☐ **Name of Treatment Provider:**

☐ No

**Additional Information:**

**Referral Source:**

**Date:**